

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO PROVIDER OF PROVIDER INELIGIBILITY
FAILURE TO SUBMIT SOC 846 (REV. 11/15)**

(ADDRESSEE)

COUNTY OF: _____

Notice Date: _____

Provider Name: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To: In-Home Supportive Services (IHSS) Provider

In December 2015, you received the Important Information for the In-Home Supportive Services (IHSS) provider mailer (TEMP 3001) which instructed you to return the signed IHSS Program Provider Enrollment Agreement (SOC 846 [rev. 11/15]) form to the county in order to avoid being determined ineligible to work and be paid by the IHSS program as an IHSS provider.

Effective July 1, 2017, you are no longer eligible to work and be paid by the IHSS program as an IHSS provider. The reason for this determination of ineligibility is because you did not submit the signed SOC 846 (rev. 11/15) form by April 29, 2017.

How to Return to Active Status as an IHSS Provider

If you wish to be placed back on active status in order to work and be paid as an IHSS provider, you must complete and sign the SOC 846 (rev. 11/15) form and return it to the county IHSS office. If you do not have the SOC 846 (rev. 11/15) form, please find an enclosed blank SOC 846 for you to sign and submit to your county office.

If you believe you signed and submitted the SOC 846 prior to the April 29, 2017, required due date or if you have any other questions regarding the SOC 846 form requirement, you may call the county at the telephone number above.